

FILED FEB 9 1951

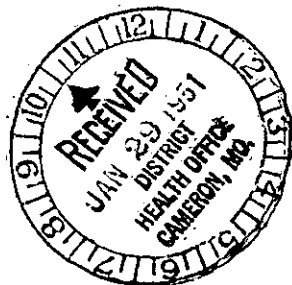
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 918

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville Bethany</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u> <u>0410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital, Bethany, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Hart</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>February 3 1878</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Home work</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Missouri. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jarimariah Stanley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Woodward</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mearl Melsen</u> ADDRESS <u>Cainsville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic asthmatic bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>5 years</u> <u>443X</u> <u>5 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>51</u> , to <u>1-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan. 3</u> , 19 <u>51</u> , and that death occurred at <u>7:10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leonard R. Lee</u> (Degree or title) <u>M. D. 0</u>				23b. ADDRESS <u>Bethany, Missouri.</u>		23c. DATE SIGNED <u>Jan. 4th., 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan., 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cainsville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cainsville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



OCT 18 1951

AUG 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of by_____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Eddie J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.